

2004-54-C 290606
2020-12-C 290607

ACCEPTED FOR PROCESSING - 2020 February 26 8:50 AM - SCPSC - 2020-12-A - Page 1 of 2

Telecommunications Carriers			
AUTHORIZED UTILITY REPRESENTATIVE FORM			
CERTIFICATED COMPANY INFORMATION			
Company Name: ComTech21, LLC			FEIN/
DBA/FKA:			Telephone #203-679-7000
Mailing Address: One Barnes Park S.			
City: Wallingford	State: CT	ZIP Code: 06492	
ILEC	IXC	CLEC X	Wireless ETC
REGISTERED AGENT INFORMATION			
Registered Agent: Incorp Services			
Mailing Address: 317 Ruth Visa			
City: Lexington	State: SC	ZIP Code: 29073	

As required by Commission rules and regulations
Print or type company contact person and contact information for the areas listed below:

UTILITY REPRESENTATIVE INFORMATION			
General Manager			
Name: Richard Minervino			
Address: One Barnes Park S			
City: Wallingford	State: CT	ZIP Code: 06492	
Phone: 203-679-7200	Email: regulatory@comtech21.com	Fax: 877-312-5544	
Emergency Contact – Non Office Hours			
Name: Customer Service			
Phone: 877-312-5564	Email:	Fax:	
Customer Relations/Complaints Rep			
Name: Laura Matosian			
Address: One Barnes Park S.			
City: Wallingford	State: CT	ZIP Code: 06492	
Phone: 203-679-7257	Email: regulatory@comtech21.com	Fax: 877-312-5544	
Complaints Rep for Complaint Escalation			
Name: Laura Matosian			
Address: One Barnes Park S			
City: Wallingford	State: CT	ZIP Code: 06492	
Phone: 203-679-7257	Email: regulatory@comtech21.com	Fax:	
Customer Toll Free Contact Number:			
Engineering Operations			
Name: Michael Pratt			
Address: One Barnes Park S			
City: Wallingford	State: CT	ZIP Code: 06492	
Phone: 203-679-7018	Email:	Fax:	
Test and Repair			
Name: Customer Service			
Address:			
City:	State:	ZIP Code:	
Phone: 877-312-5564	Email:	Fax:	

RECEIVED

FEB 24 2020

PSC SC
CLERK'S OFFICE

UTILITY REPRESENTATIVE INFORMATION			
Regulatory Officer			
Name & Title: Laura Matosian VP Operations			
Address: One Barnes Park S			
City: Wallingford		State: CT	ZIP Code: 06492
Phone: 203-679-7257		Email: regulatory@comtech21.com	Fax: 877-312-5544
Annual Report Form Mailings			
Name & Title: Same as above			
Address:			
City:		State:	ZIP Code:
Phone:		Email:	Fax:
Dual Party Invoice Mailings			
Name & Title: Same as above			
Address:			
City:		State:	ZIP Code:
Phone:		Email:	Fax:
Universal Service Fund Mailings			
Name & Title: Same as above			
Address:			
City:		State:	ZIP Code:
Phone:		Email:	Fax:
Gross Receipts Mailings			
Name & Title: Same as above			
Address:			
City:		State:	ZIP Code:
Phone:		Email:	Fax:
Lifeline Contact			
Name & Title: Same as above			
Address:			
City:		State:	ZIP Code:
Phone:		Email:	Fax:

FORM PREPARER INFORMATION	
This form was completed by: Laura Matosian	
Signature: <i>Laura Matosian</i>	
Title: VP Operations	Date: 2/20/20

RETURN COMPLETED FORM TO: Public Service Commission of SC
Docketing Department
101 Executive Center Drive, Suite 100
Columbia, SC 29210

AND Office of Regulatory Staff
Attn: Karl Munn
1401 Main Street, Suite 800
Columbia, SC 29201